

Armed Forces College of Medicine AFCM



Tibiofibular, Ankle joint and Arches of foot

INTENDED LEARNING OBJECTIVE (ILO)

By the end of this lecture the student will be able to:

- 1. Describe type, articular surfaces, fibrous capsule, ligaments, movements, arterial and nerve supply of tibiofibular joints
- 2. Describe type, articular surfaces, fibrous capsule, synovial membrane, ligaments, movements, arterial and nerve supply of ankle joint
- 3. Enumerate types, bones forming, factors supporting arches of foot Muscloskeletal & Integumentary

4. Describe functions of arches of the foot

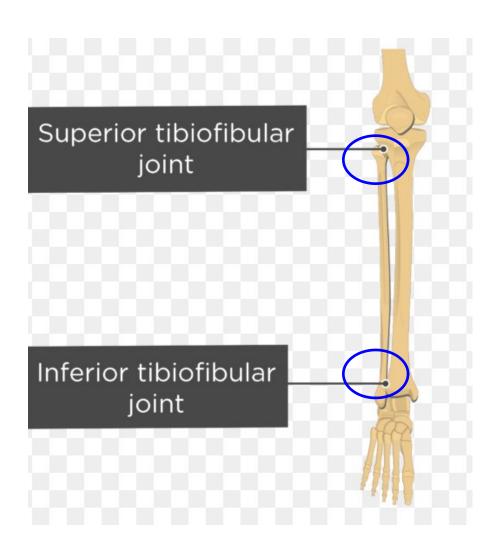
Lecture Plan

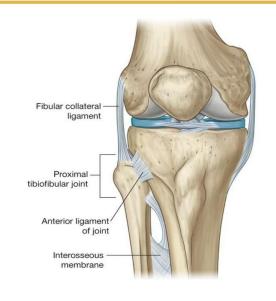


- 1. Part 1: Tibiofibular Joints
- 2. Part 2: Ankle Joint
- 3. Part 3: Archs of foot
- 4. Summary
- 5. Lecture Quiz (5 min)

TIBIOFIBULAR JOINTS









Muscloskeletal & Integumentary

p<mark>erior=Proximal Tibiofibular J</mark>oin

□Type of joint:

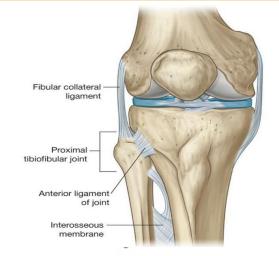
It is a plane synovial joint

Gliding movemen

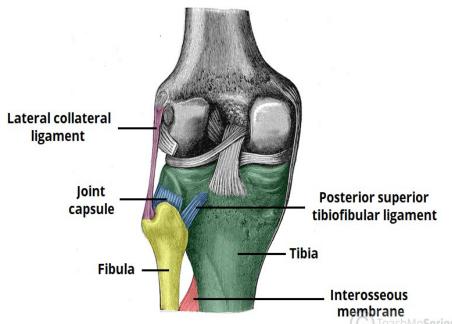
Articulating Surfaces

It is formed by an articulation between

- head of the fibula
- lateral condyle of the tibia.
- SupportingStructures
- 1. superior tibiofibular ligaments (Anterior and



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nferior = Distal Tibiofibular Joi@t

□<u>Type of joint:</u>

tissue.

It is a fibrous joint = Syndesmosis
bound by tough, fibrous

☐ <u>Articulating Surfaces</u>

It is formed by an articulation between fibular notch of the **distal tibia** and the **fibula**

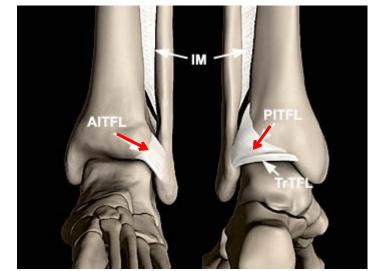
□ Supporting Structures

1. Inferior Tibiofibular Ligs.

(Anterior and posterior)



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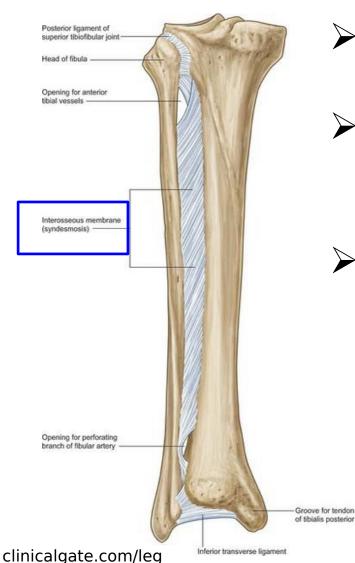


TIBIOFIBULAR JOINTS



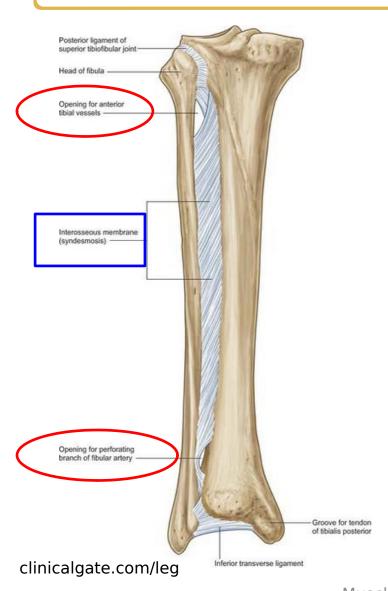
Character	Superior T/F joint	Inferior T/F joint
-Type:	-Plane synovial.	-fibrous (syndesmosis).
-Articular surfaces:	-Fibular facet of tibiaArticular facet of head of fibula.	-Fibular notch of lower end of tibia. -Medial surface of lower end of fibula.
-Capsule:	-Surrounds the margins of articular surfaces.	-Surrounds the margins of articular surfaces.
-Ligaments:	Anterior & posterior T/F.	-Interosseous T/F. -Anterior & posteriorT/F. -Inferior transverse T/F (the inferior & deep part of posterior T/F ligament).
-Nerve supply:	-Nerve to popliteusRecurrent genicular nerve.	-Deep peroneal nerve -Tibial nerve.
-Blood supply:	-Anterior tibial recurrent arteryPosterior tibial recurrent artery.	-Perforating branch of peroneal arteryMalleolar arteries.

iddle = Interosseous membr**a**ne



- It is a tough fibrous sheet of connective tissue
- extends from the interosseous border of shafts of tibia and fibula
- It runs obliquely downwards and laterally

iddle = Interosseous membr**a**ne



Openings in the interosseous membrane:

upper one for the passage of the anterior tibial vessels.

lower one for passage of middle T/F branch of peroneal artery.

a-Binds tibia to fibula.

b-Gives additional surfaces

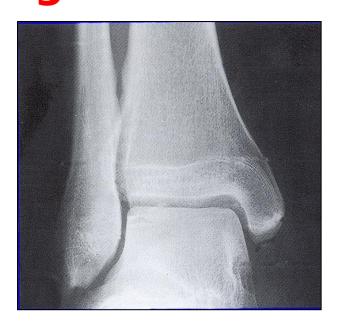
for muscle attachment.

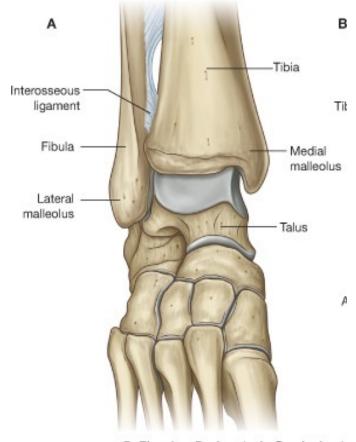
c-Resists downward pull

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Type: Synovialhinge.





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Articular surfaces:

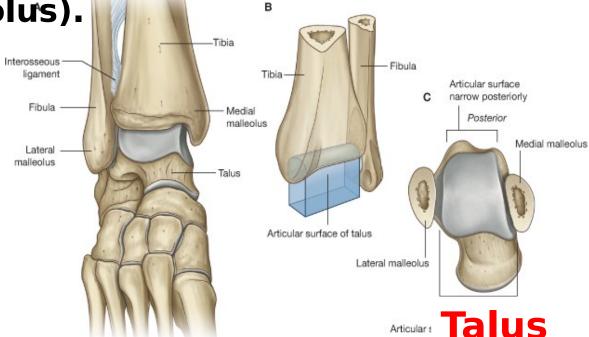
1- Tibia

(Inferior Surface of lower end+ medial malleolus).

2- Fibula

(lateral malleolus).

3- Talus

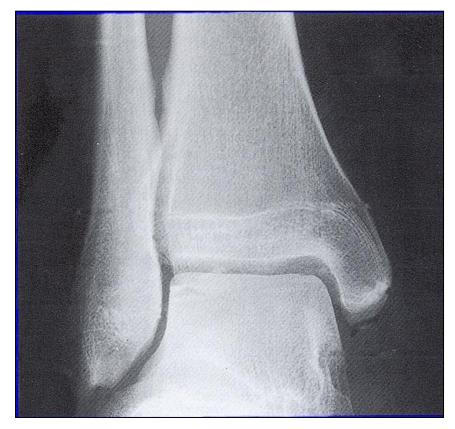


- Type: synovial joint of hinge variety (uniaxial)
- Articular surfaces:
- Superiorly: Formed by a deep socket including: lower end of the tibia and its medial malleolus, articular surface of the lateral malleolus of fibula and the inferior transverse tibiofibular ligament which deepens the socket posteriorly.
- Inferiorly: Formed by articular surfaces of talus that includes; the superior (trochlear) surface, the medial (comma-shaped) surface & the lateral (triangular) surface.



Capsule of ankle joint

- The fibrous capsule covers the synovial membrane and is attached around the margins of the articular surfaces to the bones
- articular cavity is also enclosed by a



Atlas of Human Anatomy 6th Edition





Medial (deltoid) ligament

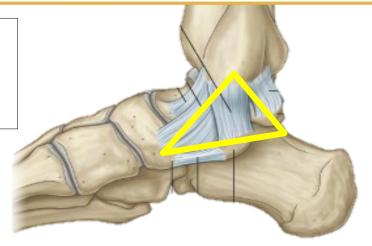
Lateral Ligamen ts

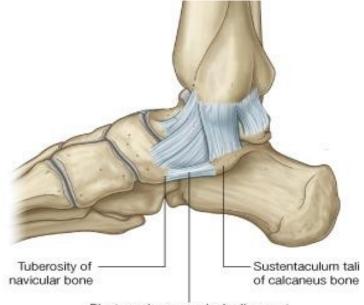


Medial (deltoid) ligament

Is △ in shape with its

- a. Apex: att. to tip of med. malleolus.
- b. Base: att. to:
 - I. Tubersoity of navicular.
 - II. Sustenaculum tali.

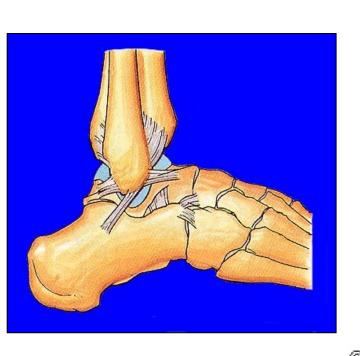


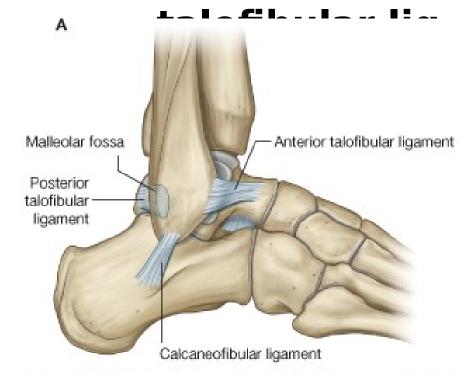




1. Anterior talofibula teral ligamentig.

2. Posterior



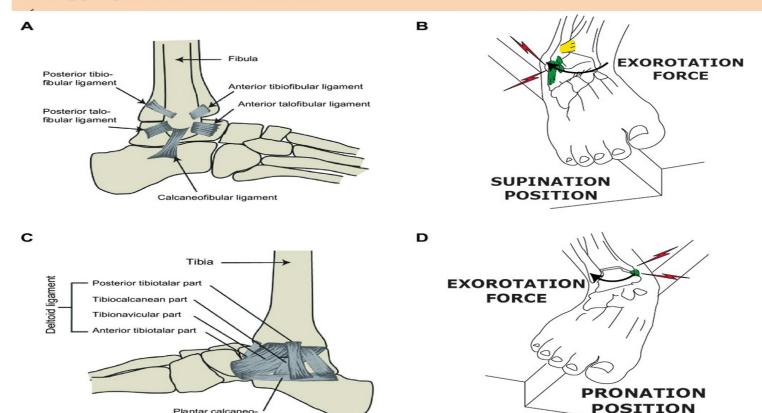


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Sprain (torn fibers) of the lateral ligament of the ankle joint:

- ✓ Is the most common injury at the ankle because the lateral ligament is much weaker than the medial ligament.
- ✓ It is caused by excessive inversion of the foot with plantar flexion of the ankle due to stepping on an uneven surface



researchgate.net

Plantar calcaneonavicular ligament

www.startradiology.con

Medial (deltoid) ligament: (very strong and triangular in shape)

Attachments:

Above: its apex is attached to the tip & anterior and posterior borders of medial malleolus.

Below: its broad base is attached to the following structures from before backwards; tuberosity of navicular bone, plantar calcaneo-navicular (spring)

2) ligament, fustentaculum tali and medial side of the

Anterior talofibular ligament: connects the anterior border of the lateral malleolus with the neck of the talus.

Posterior talofibular ligament: connects the malleolar fossa of the fibula with the lateral tubercle of the posterior process of the talus.

Calcaneo-fibular ligament: connects the apex of

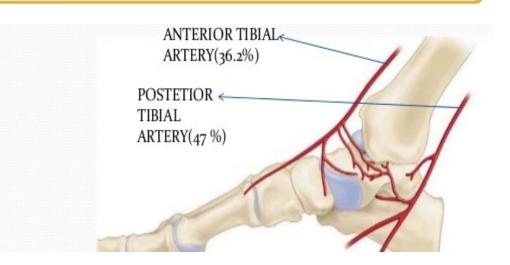
Blood supply of ankle joint

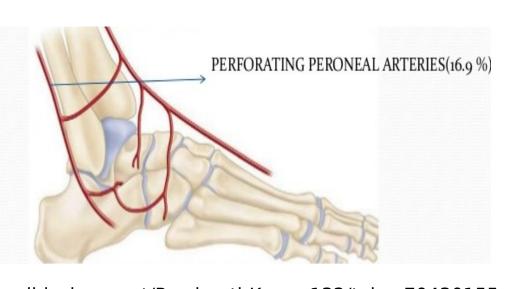
Blood supply of ankle joint:

It receives blood supply form malleolar branches

of

- 1. anterior tibial artery
- 2. posterior tibial artery



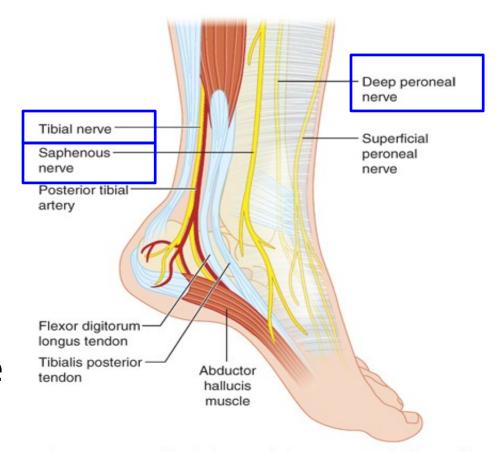


3. Peroneal artery. Module Module Module Prashanth Kumar 132/talus-70430155

Nerve supply of ankle joint

The ankle joint receives its nerve supply from

- 1. deep peroneal nerve
- 2. Saphenous nerve
- 3. Tibial nerve



Source: J.E. Tintinalli, J.S. Stapczynski, O.J. Ma, D.M. Yealy, G.D. Meckler, D.M. Cline Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8th Edition www.accessmedicine.com
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Movements of Ankle Joint:



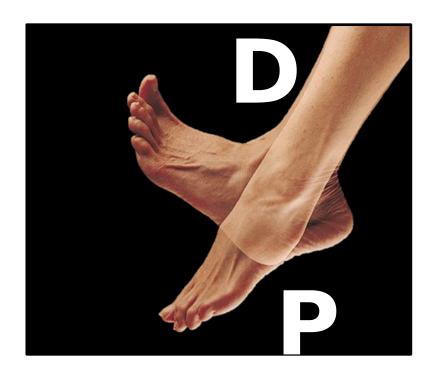
1- Dorsiflexion:

Muscles of the anterior compartments of the leg

2- Plantar flexion:

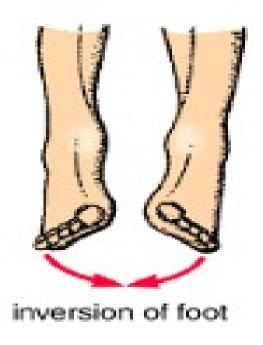
Muscles of the posterior & lateral compartments of the leg

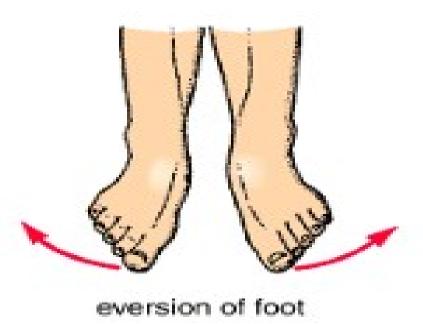
(the ankle J. is locked in dorsifexion as the wider ant. border of the trochlear surface of talus becomes lodged in the socket).



Movements of Ankle Joint:







Inversion & eversion are NOT done in the ANKLE Joint

Inversion & eversion are done in Talo-calcaneo-navicular J.

Movements of Ankle Joint:

- <u>Dorsiflexion</u>: by tibialis anterior, extensor digitorum longus, extensor hallucis longus & peroneus tertius.
- The ankle joint is locked in dorsiflexion because the wider anterior part of the trochlear surface of the talus occupies the narrower posterior part of the tibiofibular socket.
- Plantar flexion: By superficial calf muscles gastrocnemius, soleus & plantaris) and By deep calf muscels (tibialis posterior ,flexor digitorum longus & flexor hallucis longus).

Talo-calcaneo-navicular joint

Anterior talar articular surface on calcaneus

Navicular

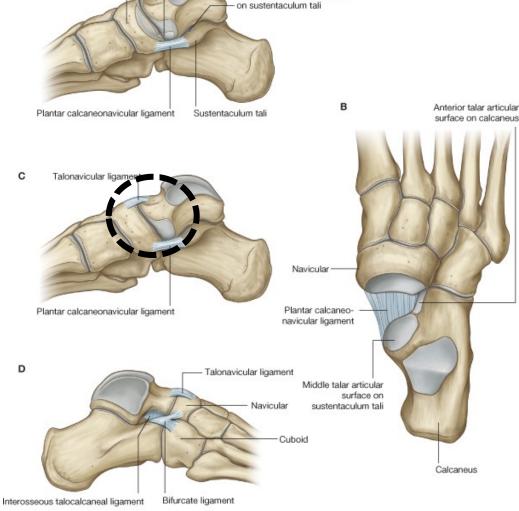
Type: synovial ball & socket

The supporting ligaments:

plantar calcaneo-

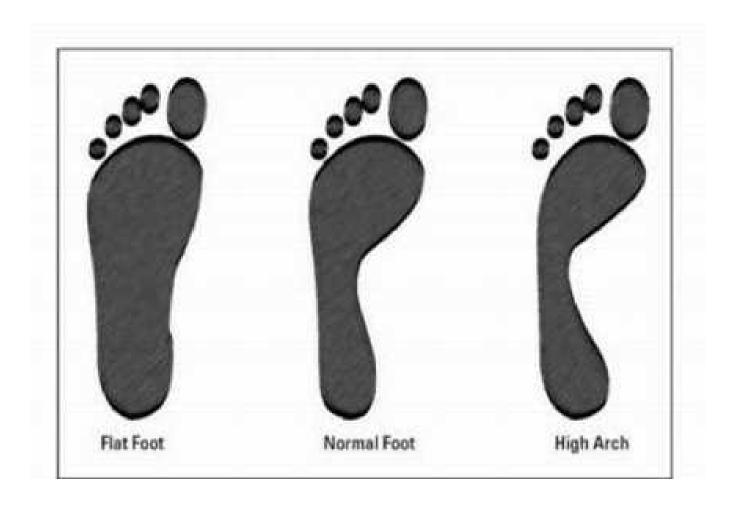
navicular

= spring ligament



Middle talar articular surface

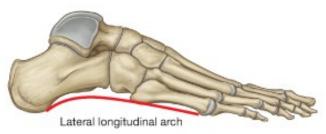






- Medial (longitudinal) arch
- lateral (longitudinal) arch
 - Transverse arch



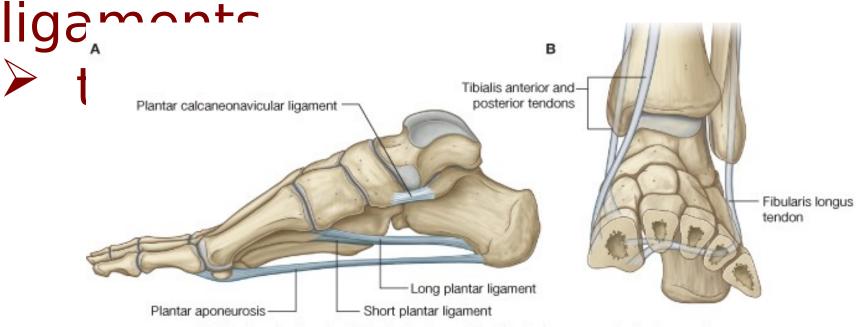




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- the shape of the articulating bones
- strengthened by the



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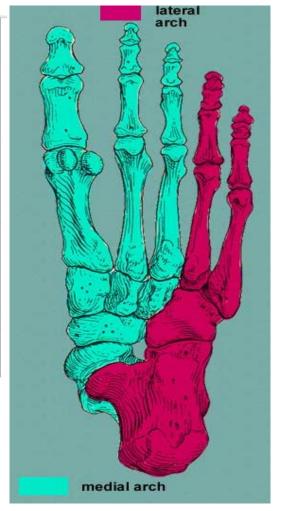
Functions of the arches:

- 1- Transmit the weight to the ground.
- 2- Give the foot elasticity during movement.
- 3- Absorption of shocks.
- 4- Protects the blood vessels and nerves from being crushed under body weight.

Longitudinal arch



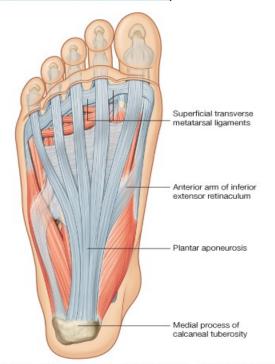
	Medial longitudinal arch	Lateral longitudinal arch
General notes	-highly arched - more mobile	- less arched - less mobile
Anterior pillar	navicular + 3 cuneiform + medial 3 metatarsals	cuboid bone + lateral 2 metatarsals
Posterior pillar	Calcaneum	Calcaneum
Summit	talus	talus
Main function	shock absorber	transmits body weight to ground



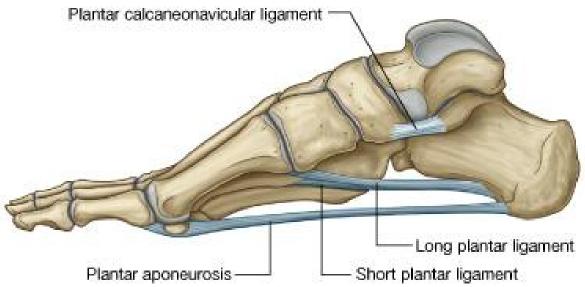
Longitudinal arch



	Medial longitudinal arch	Lateral longitudinal arch
Ligamentous	spring ligament + plantar	long and short plantar
support	aponeurosis (medial ½)	ligaments +plantar aponeurosis(lat ½)



(Spring ligament)



Longitudinal arch

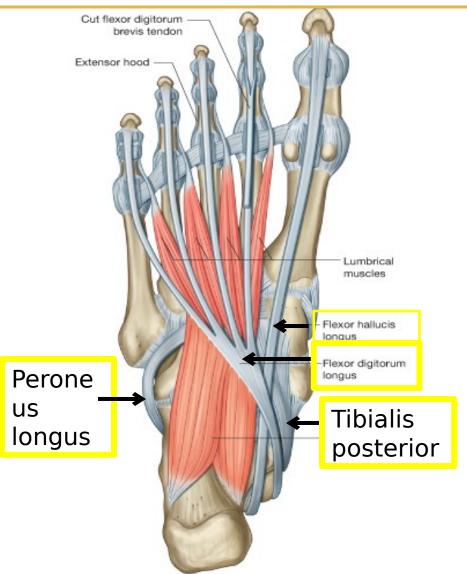


Medial longitudinal arch

Tendons of flexor hallucis longus, flexor digitorum longus &, tibialis posterior +

Lateral longitudinal arch

Tendon of peroneus longus + intrinsic muscle of little toe (abductor digiti minimi).

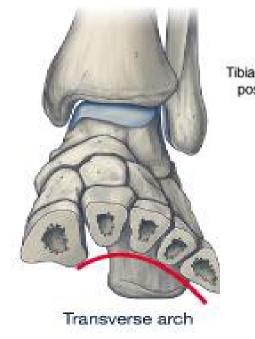


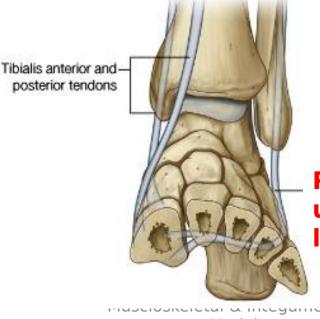
Transverse arch



- It is primarily formed by the 5 -supportains of books.
- 1- Peroneus longus muscle
- 2- Transverse head of adductor

hallucic





Perone us longus

Module

Peroneu Tendon of tibialis s longus

adductor hallucis

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Effects of flat foot 0



- 1. Compression of nerves & vessels of the sole | severe pain
- 2. Loss of shock absorbing function | foot becomes more liable to trauma
- 3. Loss of spring in the foot \square shuffling gait

Lecture Quiz



Question 1

- a) Mention different movements occurs at ankle joint
- b) Describe arches of foot regarding bone forming them and supporting ligaments

SUGGESTED TEXTBOOKS



Clinical Anatomy by Regions, 9th edition, 2011, Snell RS, Lippincott, Williams and Wilkins

Atlas of Human Anatomy, 6th edition, 2014, Netter F.H.

Gray's Anatomy for students, 2nd edition, 2011, Drake R. et al, Churchill & Livingstone